

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. it should be typed)

Filer Identificati	ion	٠			Ren	ort I	المات	tu .	Candi	lada		5 7	i ic	ommi	ttee			1	Lo	bbyist	1
Number		81	L-505 <b>5768</b>		Report Filed By Candid ( Mark X)			lave	-	X	"	A9113133	wee				100	mhise			
Name of Filing (	Commi	ittee. Ca	ndidate o		( accountly																
Lobbyist		,			Thon	as E.	Carlol	ti													
Street Address					1903 West 8th Street PMB# 235																
City Erio				1				- 1	State	1			7i	ip Cod	<u> </u>				-		
Erie										PA				<b>,</b>		165	05				
Type of Report (																					
1-6 <sup>th</sup> Tuesday			3-30 Da	y Post	4-6 <sup>t</sup>	Tue	sday	5-2	<sup>d</sup> Friday			ay Post	7	- Annı	ıal			** Frida	- 1 -	ecial 30	-
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Date Of Election			11/17/2	2017	Yea	r			2017	1		ment					nsina	tion		$\nabla$	
(MM/DD/YYYY)	)		11/1/1/	3317						Re	port		1			Rep	xert				
Summary of Rec	œipts:	and	From Da	ate		T	o Date	9							For (	Office	e Use	Only			
Expenditures						-			<del> </del>	-											
			_	3/2017			12,	/31/20	117									,			
A. Amount Brou	ight Fo	rward F	rom Lasti	Report		\$	1	L,454.1	.8												
B. Total Moneta	ry Con	rtributio	ns and Re	ceipts	1	\$				1											
(From Schedule	*							0													
C. Total Funds A					-   3	<b>&gt;</b>	1	,454.1	8										P>-3		
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D. Total Expend (From Schedule						3	3	,454.1	.8	1								LL 111	<u></u>		
E. Ending Cash Balance			·-·	+	;			<del> </del>	-								מכ מכ				
(Subtract Line D from Line C)					Ί		0											1			
F. Value of In-Ki			ns Receiv	ed	1;	;				1								C	$\varsigma$		
(From Schedule	•							0													
G. Unpaid Debts		Obligatio	กร		1	3		0			RAT O										
(From Schedule	IV)	•	· · · · · · · · · · · · · · · · · · ·			<u> </u>				J											
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My Commission ex		4-	514		_					0	<u> </u>			_	4	150	0-	2119	<i>l</i>		
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Tonis Will Notiny Public
Oity of Prio, Life County
My Corelaberous His birds April 2, 2019
The LESS FEASS COANA AUSTRIA ON COUNTY 127

## SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	81-5055768			
		······································	 ·····	

	-	
1. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor		<u> </u>
rough continuents are necessary 220,00 or resiber continuents		
Total for the reporting period (1)	\$	
Total for the reporting period (1)	'	<b>   0</b>
2. Contributions of \$50.01 to \$250.00 (From		
Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
t are ray	"	<b>p</b>
All Other Contributions (Part B)	\$	
	'	0
Total for the reporting period (2)	5	n
		<u> </u>
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
	<u> </u>	
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	+	
Total for the reporting period (3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	1	
* Other Receipts Returnus, interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	1.7	· · · · · · · · · · · · · · · · · · ·
Total for the reporting period (4)	\$	o
Total Monetary Contributions and Receipts during this reporting period (Add and	\$	
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report		}
Cover Page, Item B)	1	O
		<u>l</u>

### PART A

# **Contributions Received From Political Committees**

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Num	mber 81-5055768	\$			
					Amount
Full Name of Contrib	outing	·····		Date [MM/DD/YYYY]	\$
Committee				search from A search search	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contrib	na strings			Date [MM/DD/YYYY]	\$
Committee				Date (wied ma) 13111	] \$
House #	Street Address	\		Date [MM/DD/YYYY]	\$
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contrib	utina		<u> </u>	Non-Tasse/nn/psnn/	
Committee	uting			Date [MM/DD/YYYY]	\$
House #	Street Address	/	$\sum$	Date [MM/DD/YYYY]	\$
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contrib					
Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contrib	uting	<u></u>		Date [MM/DD/YYYY]	\$
Committee				paler faring may 1117.3	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYY]	\$
- 0 65 - 0					
Full Name of Contribution Committee	uting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
	l	* * .			

### PART B

## **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identificatio	on Number:   81-50557	768			
	A MARKATTA				
Full Name of Co				The sand love forward	
ruis magnes on the	Merketa			Date [MM/DD/YYYY]	<b>S</b>
House #	Street Addre	<b>5</b> 5		Date [MM/DD/YYYY]	<b>S</b>
City		State	Zip Code	Date [MM/DD/YYYY]	s
		10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (	AMERICAN STATE		
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Addre			Date [MM/DD/YYYY]	
City	MARIE CONTROL	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ontributor	Division in the second	and the last property desires	Date [MM/DD/YYYY]	_
		`	\		
House#			<del></del>	Date [MM/DD/YYYY]	
	Street Addre	#555		Vete (many year)	15
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Alberta Alberta Alberta
City		State	Zip Code	Date [MM/DD/YYYY]	
Pin Color	···				
Full Name of Co	entributor			Date [MM/DD/YYYY]	
			\		
House#	Street Addre	255		Date [MM/DD/YYYY]	
					- 100 100 100 100 100 100 100 100 100 100
City	<u> </u>	State	Zip Code	Date [MRA/DD/YYYY]	
A control					
Full Name of Co	amtributor	The Control of the Control	A Charles and Maring the A	Date [MM/DD/YYYY]	
				**************************************	
House #	Street Addres			Cara have however	775 748
HUUS.				Date [MM/QD/YYYY]	
mental da est	Editor (Control of Control of Con	27 27			SHO.
City		State	Zip Code	Date [MM/DD/YYYY]	
	er		Carrier House, the con- traction of the Carrier of		Visit in the second sec
Full Name of Co	otributor			Date [MM/DD/YYYY]	
CHARLES					
House #	Street Addres	S		Date [MM/DD/YYYY]	\$
		(A) (B) (B) (C) (B)			
City	■ y to AAC+ to a AAC+tee	State	Zip Code	Date [MM/DD/YYYY]	\$
\$2444 <u>1</u>				1 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

### **PART C**

# **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification		****			
$\lambda$	81-50557	ts8			
Full Name of				Date [MM/DD/YYYY]	S:
Contributing Co	ommittee				홍수 경영
•		0.204			
House#	Street Addre	<b>255</b>		Date [MM/DD/YYYY]	<b>5</b> %
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					in the second of
Full Name of	CHESSES \	And Marketine		Date [MM/DD/YYYY]	94 <b>5</b> 일
Contributing Go	ommittee \			Pore (mm/DD/1111)	
					11 4 144
House #	Street Addre	<b>SS</b>		Date [MM/DD/YYYY]	\$
City	A 11 6 A 11 11 11 11 11 11 11 11 11 11 11 11 1	State	Zip Code	Date [MM/DD/YYYY]	\$   \$
					500 4 (8)
Full Name of				Date (MM/DD/YYYY)	
Contributing Co	ommittee			Date [man/DI//TTT]	
				10 (c)	
House #	Street Addre	<b>SS</b>	X	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	68 <b>S</b> al
					Ž.
Full Name of		Mark to the		Date [MM/DD/YYYY]	Š.
Contributing Co	mittee				
House#	Street Addre	SS		Date [MM/DD/YYYY]	<b>S</b> .
	<b>25</b> 436	Á.			
City		State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
					(A) (A) (A)
Full Name of	Version in the second	E. 1. 194 No. 92, 1	The April 100 and the April 10	Date [MM/DD/YYYY]	8
Contributing Co	runittee				
House#	Street Addre	55 		Date [MM/Db/YYYY]	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	
				<u> </u>	
Full Name of		#62 1 + CF5/50 S	med syken emily and dusting	Date [MM/DD/YYYY]	
Contributing Co	innittee				
		2		97	
House#	Street Addres	<b>ss</b> 20		Date [MM/DD/YYYY]	
name tuning day					
City	In the second of the second	State	Zip Code	Date [MM/DD/YYYY]	
andywaid Swatsa					
400468684		<b>₽</b> 0.28 ± 6.4		1 10	<b>*</b>

### PART D

## **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification	Munaber: 81-5055768				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
$\lambda$					1911 1941 1941
House #	Street Address			Date [MM/DD/YYYY]	Ž
City	\$ 143 + 54 mg 3545 7 ft.	State	Zip Code	Date [MM/DD/YYYY] 5	
What is					
Employer Name				Occupation	
Employer Mailin Principal Place o		· · · · · · · · · · · · · · · · · · ·		€ 21 - 1812 (1 to 200 25 €	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	No.
	`				
House #	Street Address	<del></del>	·	Date [MM/DD/YYYY]	56 50 50 50
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		•		Occupation	
Employer Mailin Principal Place o					400
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address		$\overline{}$	Date [MM/DD/YYYY]	4. 4.
		1	\		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	V.				
Employer Name	Section of the sectio	1904 N. 1991	Principal Define (2001) (200	Occupation	75 I
Employer Mailin Principal Place o		*			
Full Name of Co	Recollection of the Control of the C	· · · · · · · · · · · · · · · · · · ·		Date [MM/DiDXYYYY]   5	<u> </u>
House #	Street Address			Date [MM/DD/YYYY] 5	AT I
City	I was needed in 1999, where the last two files	State	Zip Code	Date [MM/DD/YYYY] S	
	en e				
Employer Name				Occupation	
	and the first one of the control of the control				<del></del>

Principal Place of Business

## **PART E**

# **Other Receipts**

## REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num	ber:	81-5055768				
Full Name						
House #	Stre	et Address				
City			State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Receipt Description			144,34 (144.2)			
Full Name						
House #	Stre	sel Address				
City			State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>
Receipt Description			The second of	( No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		
Full Name						
House#	Stre	et Address				
Citý			State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt: Description						Party I
Full Name						
House#	Stre	et Address				
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description			11 / 20/2/2013	Terrorisa de la constanta de l	<u> </u>	
Full Name			•			
House #	Stre	et Address				
City			State	Zip Codé	Date [MM/DD/YYYY]	
Receipt Description			N. S. 4. A. E. S. S. S. S.	<u>                                    </u>		Port 1988
Full Name						
House #	Stre	et Address			· · · · · · · · · · · · · · · · · · ·	
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description		····	<u>,</u>			

#### **SCHEDULE II**

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: 81-50557	68		
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VALUE OF \$5	0.00 (	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$250	.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION RECE	EIVED-VALUE OVER \$250.00 (FRO)	M PAF	П6)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTION		\$	
PERIOD (Add and enter amount totals fi on Page 1, Report Cover Page, Item F)	rom boxes 1, 2, and 3; also enter		o

## **SCHEDULE II** PART F

## **In-Kind Contributions Received**

			VALUE OF \$50.01 TO \$	250	
Filer Identification Nu	mber: 81-5055768				
Full Name of Contri	<b>Butor</b>			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Cont	ribution				
Full Name of Contri	betor		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Description of Cont	ribution				
Full Name of Contri	ibutor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>
Description of Cont	vibution				
Full Name of Contri	batto			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/QD/YYYY]	\$
Description of Cont	ribution				
Full Name of Contr	ibutor	•		:Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	5
City	De 1929 (1929), 1897 (1	State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>
Description of Cont	tribution		1 (1.7 × 3 (60)0 × 1.7 ×		

## SCHEDULE II

## Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	81-5055768		
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Stre	et Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address Place of Business	/ Rrincipal	,	Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Stre	et Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address Place of Business	: / Principal		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Stre	eet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Scrupation
Employer Mailing Addres Place of Business	s / Principal		Description of Contribution
Full Name of Contributor			Date [MM/Db/YYYY] \$
House # Str	eet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY]
Employer Name		( and the state of	Occupation
Employer Mailing Addres Place of Business	s / Principal		Description of Contribution

# SCHEDULE III Statement of Expenditures

Filer Identification Number:		
	-5055768	

To Whom Paid				Date [MM/DD/YYYY]	#\$
<b>X</b> =_	Friends of Pat Harkii			01/05/2018	1,454.18
H60ser# 2665	Street Address S	schley Street		Description of Expenditure	
City Erie	<u></u>	State PA	Zip Code 16508	Donation to Harkins' politica	al committee
To Whom Paid	Š			Date [MM/DD/YYYY]	
House #	Street Address			Description of Expendi	ture
City	Letter Section 4.01	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	<b>\$</b>
House#	Street Address			Description of Expendi	ture
City	. <b> </b>	State	Zip Code		
To Whom Paid		2000 Sec. 111		Date [MM/DD/YYYY]	
House #	Street Address			Description of Expendi	ture
City.	And the second s	State	Xip CoNe		-
To Whom Paid		<u> </u>		Date [MM/DD/YYYY]	<b>3 '\$</b> '3 <b>- 1</b>
House #	Street Address			Description of Expend	lure
City	Proceedings with the Control of the	State	Zip Code		
To Whom Paid		1		Date [MM/DD/YYYY]	
House#	Street Address			Description of Expend	dire.
City	the second secon	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	<b>.   S</b>
House #	Street Address			Description of Expend	iture
City		State	Zip Code	•	
To Whom Paid				Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Address			Description of Expend	iturë
City	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code		

## **SCHEDULE IV**

# **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

	Section to itemize all unpaid de	DIS and Obligations Which	are paraments and	
iler Identification <b>F</b>	Number: 81-5055768			7 - 1 9
Name of Creditor				Outstanding Balance of Debt
louse #	Street Address	1.1 E. 1.	DATE DEBT INCURRED	
		<u> </u>	[MM/DD/YYYY]	
City		State	Zip	
$\mathbf{N}$			Code	
Description of De	•			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	44 24 24 24 24 24 24 24 24 24 24 24 24 2
		<u>***</u>	[MM/DD/YYYY]	
		State	Zip	
City			Code	
Description of De	abt			
				Outstanding Balance of Debt
Name of Credito		<u> </u>	DATE DEBT INCURRED	
House #	Street Address		[MM/DD/YYYY]	
City		State	Zip Code	
Description of D				
2.000				Outstanding Balance of Debt
Name of Credito			DATE DEBT INCURRED	<b>\$</b>
House #	Street Address		[MM/DD/YYYY]	
City		State	Zip Code	
Description of D	)ebt			
				Outstanding Balance of Debt
Name of Credit			The state of the s	
House #	Street Address	tar tar	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
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Jesu pos			÷.	
Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
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